

APR 2006

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: BLOOD CO-PROCESSING FOR CONTINGENT
AUTOLOGOUS LEUKOCYTE TRANSPLANTATION

Attorney Docket Number:: PRC-002

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: William

Middle Name:: Arthur

Family Name:: Spiers

Name Suffix::

City of Residence:: North Bradley

State or Province of Residence:: Wiltshire

Country of Residence:: Great Britain

Street of Mailing Address:: Paradise Barn, 30 The Rank

City of Mailing Address:: North Bradley

State or Province of Mailing Address:: Wiltshire

Country of Mailing Address:: Great Britain

Postal or Zip Code of Mailing Address:: BA14 9RP

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 022832

Representative Information

Representative Customer Number:: 022832

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage	PCT/GB2004/004173	09/28/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Great Britain	0322791.5	09/30/2003	Yes

Assignee Information

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::